

**A STUDY TO ASSESS THE EFFECTIVENESS OF DEEP  
BREATHING EXERCISE ON REDUCTION OF ANGER  
EXPRESSION AMONG ADOLESCENT GIRLS IN  
SELECTED SCHOOL AT VALLIOOR.**



**A DISSERTATION SUBMITTED TO THE TAMIL NADU  
DR. M.G.R.MEDICAL UNIVERSITY, CHENNAI, IN  
PARTIAL FULFILLMENT FOR THE DEGREE  
OF MASTER OF SCIENCE IN NURSING  
OCTOBER- 2016**

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APPROVED BY THE DISSERTATION COMMITTEE ON : JULY 2016

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OCTOBER- 2016.**

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External Examiner

## **BONAFIDE CERTIFICATE**

I hereby declare that the present dissertation titled “**A Study to Assess the Effectiveness of Deep Breathing Exercise on reduction of anger expression among adolescent girls in selected school at Vallioor**”, is a bonafide research work done by **Ms. Priyanka. k, M.Sc Nursing II year** under the guidance of **Mrs.Saratha Bai William,M.Sc (N)., M.B.A(H.M)., H .O. D of Mental Health Nursing Department**, in partial fulfillment for the Degree of Master of Science in Nursing, under The Tamil Nadu Dr. M.G.R. Medical University, Chennai.

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## **CERTIFICATE BY THE GUIDE**

This is to certify that the dissertation entitled “**A Study to Assess the Effectiveness of Deep Breathing Exercise on reduction of anger expression among adolescent girls in selected school at Vallioor**”, is a bonafide research work done by **Ms.Priyanka.k, M.Sc Nursing II year** Nehru Nursing College, Vallioor, in the partial fulfillment for the degree of Master of Science in Nursing under The Tamil Nadu Dr.M.G.R. Medical University, Chennai.

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## **DECLARATION**

I hereby declare that the present dissertation titled **“A Study to Assess the Effectiveness of Deep Breathing Exercise on reduction of anger expression among adolescent girls in selected school at Vallioor”**, is the outcome of the original research work undertaken and carried out by me, under the guidance of **Mrs.Saratha Bai William, M.Sc (N)., M.B.A(H.M)., H .O. D of Mental Health Nursing Department** Nehru Nursing College, Vallioor. I also declare that the material of this has not formed in any way, the basis for the award of any degree or diploma in this university or any other universities.

Place:Vallioor

Date:

**Ms. Priyanka. k**

M.Sc, Nursing, II year.

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**Investigator**

## **ABSTRACT**

A study to assess the effectiveness of Deep breathing exercise on reduction of anger expression among adolescent girls in selected school at Vallioor.

### **Objectives of the study**

- ✓ To assess the pretest and post test level of anger expression among adolescent girls.
- ✓ To evaluate the effectiveness of deep breathing exercise on reduction of anger expression among adolescent girls.
- ✓ To associate the pretest level of anger expression among adolescent girls with their selected demographic variables

### **HYPOTHESES**

**H<sub>1</sub>** : There will be significant reduction in expression of anger after practicing deep breathing exercise among adolescent girls.

**H<sub>2</sub>** : There will be significant association between the pretest level of anger expression among adolescent girls with their selected demographic variables.

Review was done on management of anger among adolescent and effectiveness of Deep Breathing exercise in terms of reduction of anger among adolescent girls. The conceptual framework for this study was based on modified Callista Roy's Adaptation Model. Research design for the study was quasi experimental one group pre-test post-test design and convenient sampling technique was used and the sample size was 30. Adolescent Anger expression Scale was used to assess the level of anger before and after intervention.

## **MAJOR FINDINGS**

During pre test anger expression score, the majority of the sample subjects 16(53.33%) had moderate level of anger,14 (46.67%) had mild level of anger. In post test 10(33.33%) had irritation, 14(46.67%) had mild level of anger ,6(20.00%) had moderate level of anger.

The study findings shows that the pretest mean score was 46.97,standard deviation score was 7.87 and post test mean score was 26.67,standard deviation score was 7.78.The obtained t value is 14.82 was significant at 0.05 level ( $p<0.05$ ) .It is understood that there was significant reduction of anger expression among adolescent girls after the exposure of deep breathing exercise.

There was no association between the pre test level of anger expression of adolescent girls and their selected demographic variables such as age ,Religion, Socio economic status ,father occupation ,siblings, type of family and number of friends.

## **Conclusion**

Present youth generations anger level is increasing and they are likely to indulge in violence and it is necessary provide relaxation technique to reduce anger. Therefore the investigator felt that deep breathing exercise should be taught to decrease the anger expression among adolescents. The finding of the study indicated that the Deep breathing exercise was simple, cost effective intervention.



**Based on the findings of the study recommendations for future study are as follows**

- The study can be replicated with large sample size
- The same study can be done to determine the effect of various other interventions for control of anger.
- A comparative study can be conducted between male and female adolescent.
- Correlational design study may be conducted to determine the effect of situation and the development of anger response among youth.

# **CHAPTER - I**

## **INTRODUCTION**

Anger is an acid that can do more harm to the vessel in which it is stored

Than to anything on which it is poured

-Anonymous

Anger is an emotional state that varies in intensity from mild irritation to intense fury and rage. It is accompanied by physiological and biological changes, such as increases in heart rate, blood pressure, and levels of the hormones epinephrine and nor-epinephrine (American psychological association, 2005).

Anger is a normal human emotion, which is a strong, uncomfortable emotional response to a real or perceived provocation (Sheila L. Videbeck).

Anger remains one of the most significant problems facing our society today. In a world growing more crowded, with the pace of life increasing exponentially, there is growing potential for anger to play a destructive role on a large scale. Therapists across various mental health settings are now routinely confronted by clients with anger control problems. For example, in a recent national survey, experienced psychologists and psychiatrists reported working with angry clients as frequently as working with anxious clients. However, the majority of published studies on negative emotions have focused primarily on

anxiety and depression rather than on anger and violence. The lack of attention in the literature to anger and aggression is surprising given that anger represents one of the most challenging emotions (DiGiuseppe & Tafrate, 2003).

Anger is a completely normal, usually healthy, human emotion. But when it gets out of control and turns destructive, it can lead to - problems at work, in your personal relationships, and in the overall quality of your life. And it can make you feel as though you're at the mercy of an unpredictable and powerful emotion.

Anger is an emotion which appears in everyone, that an excitement is controllable and normal that has allowed humans to evolve and adapt. Anger in principle is not a bad emotion, but it is not managed in the right way, will cause problem .If the outrage is properly managed ,gives the power to take action in order to achieve our goals and deal with problem .If it is balanced ,it will help controlling the situation ,it gives the courage to ask the demands resolutely and make others familiar with our point of views (Novaco).

Anger is an emotional state in a range of physical and mental that may include from irritability to aggression .The finding of several studies show that the anger is a defense of the ego when a person is confronted with other negative thoughts will defend itself against the opinion of others .Some people are more prone to anger and various social and psychological factor affect the expressing anger (Bvshmn& bamystar1998).

Anger is not just a mental state of mind. It triggers an increase in heart rate, blood pressure and levels of adrenaline and noradrenalin, Anger has survival benefits, and forms part of our fight or flight brain response to a perceived threat, Anger usually becomes the predominant feeling and takes over our behavior, cognition and physiology. Anger may lead to family, interpersonal relationship, job conflicts negative evaluation of others and low self esteem, Chronic anger negatively affect physical and mental health ,social interaction with others.

Adolescent are dealing with the challenges of going through puberty, meeting changing expectations and coping with new feelings and emotions. And some kids may have to deal with things that their peers don't have to face such as the death of a family member or moving to a new town. Most adolescent meet these challenges successfully and grow into healthy adults while others have a hard time coping with their problems.

Adolescent are the future citizen of nation. Adolescent health play an important role in building the nation economy .Nearly a quarter of today population are adolescent aged 10-24years numbering more than 1.8 billion .One in every five people in the world is an adolescent and 85% in developing countries(Reza jafary,2004).

About one fifth of Indian population is in the adolescent age group of 13 - 18 years .It is estimated that there are almost 200 million adolescent in India .It is expected that this age group will continue to grow reaching over 214 million by

2020. In Tamil Nadu 21 percent of the state population are adolescent out of 6.11 Crore population.

Anger in adolescence defined from both a physiologic and an emotional point of view, is an imbalance between environmental demands and a adolescence's coping resources that disrupts the equilibrium of the adolescence. Although all children experience anger, some youngsters appear to be more vulnerable than others. Their age, temperament, life situation, and state of health affect their vulnerability, reactions, and ability to handle anger.

Adolescents face a lot of emotional issues during the period of development .It is a stressful development period filled with major changes in physical maturity, sexuality ,cognitive processes ,emotional feeling and relationship with others .They will face question of identity ,separation and relationship.

Adolescent who are exposed to frequent images of violence through videogames ,movies and television ,will have a risk of anger expression .In addition adolescent who punished for their anger when they were young, might also be at higher risk for anger disorders later in life .They never learn how to express the emotion properly or realistic manner .Anger is one of the strong emotional expression among them and it is a challenging emotion because anger often masks other underlying emotions such as frustration, emarrassment, sadness, fear, shame ,or vulnerability .when teens are unable to cope with these feelings ,they may lash out, putting themselves and others in risk .

The negative expression of anger include physical and verbal violence, prejudice malicious gossip, antisocial behavior, addiction and psychosomatic disorders . These negative expression of teenage anger can devastate lives, destroying relationship harming others, disrupting works, clouding effective thinking and affecting physical health.

**Deffenbacher and Stark (1992)** suggest that relaxation can be an effective anger reduction intervention when delivered in a consistent self-control training format emphasizing careful skill development, rehearsal, and transfer. The results of a within-subject study of female inmates showed that relaxation training may be a critical component in effective anger management programs. Deep breathing teaches you to recognize frustration early on, settle them in a way that allows you to express your needs, while remaining calm and control.

## **NEED FOR THE STUDY**

Adolescents are the future citizens of nation .Adolescence is a time of change for teenagers and their families. It is the period of transition from childhood to adulthood. Adolescence spans between age 12 to 18 years, although the developmental tasks of early adolescence as well as the beginning stages of sexual maturation, may overlap with school age years. During the transition period, dramatic physical, cognitive, psychosocial and psychosexual changes happen that are exciting and at the same time frightening. The individual tries out many new roles during the adolescent period as a part of the important developmental task of identity formation.

In addition they encounter a variety of social situations and are at high risk of developing anger. The problem of anger may persist until adolescence or may surface in adulthood.

Anger and the expression of anger may be associated with suicidal behavior via their relationship with their behavioral activation and behavioral inhibition systems. The behavioral activation system is the biologic system associated with a approach behavior and inhibition system is associated with avoidance behaviour.

In India, researchers have focused on factors such as perceived popularity among the peer group, gender difference and the risk factor such as family system, environment aggression, victimization and social relationships. Society has noted increase in the incidents of aggression and anger among youth. It included behavior such as slapping, hitting, rash driving, shooting in school and other high risk behavior. Nearly 18.65% of females aged 12-17 got in to a serious fight at school or work 14% participated in a group against- group fight and 5.7% attacked another person with an intent to seriously harm.

The study indicates that most studies conducted on children had focused on aggression rather than anger. Despite research proposing that anger often serve as a precursor to violence and aggression, the role of anger has received less empirical attention as an independent research variable when compared to aggression.

**Schoninger,(2002)** A study was conducted to examine sex differences in anger among early adolescents. In the study the sample size was among which 148, 7<sup>th</sup> and 8<sup>th</sup> graders, aged 12 to 14 were included. State Trait Anger Expression Inventory and instruments measuring three health variables were used. Findings indicated that boys and girls did not differ in the experience and expression of anger. Pearson correlation were used to examine the relationships between the anger variables and the health variables for boys and girls separately. Of the 30 relationships examined, 12 were statistically significant; 7 of these correlations were for girls, while 5 were for boys with which the researcher concluded that early adolescent boys and girls may not differ in any meaningful way in self-reported experiences and expression of anger.

**David Feinstein,(2008)** A study was conducted to develop and evaluate an anger management intervention for fourteen girl students in Boston.. The goal of the intervention was to teach specific skills regarding handling anger and expressing emotions in an effort to prevent problems related to anger management. Descriptive data indicated that the participants' knowledge about their emotions and anger increased, and that they learned skills to appropriately handle their anger comes in relation to various types of anger.

School students in India have a high anger level and high rate of deliberate self-harm. In India there is heavy academic and social pressure that results in negative emotional states and more internalizing problems. anger among adolescence is estimated to have increased 45% over the past 30 years. Teenagers experience anger because they are sometimes trapped between making decisions



either to follow rules and orders or to pursue their freedom. Thus they should enhance their anger management abilities so as to live a healthy life after entering the society. Therefore, understanding the sources of anger among them and how they can cope with the stress is very important.

A school based study was conducted to find out the prevalence of anger among 667 children age groups of 13-17 years in Kerala. The results indicated 98.1% of the children aged 14 to 17 years showed medium to moderate anger while 1.9% severe anger. Only 1.79% came under normal group. Also more than 97% of the children above 10 years showed above average anger. More number of children with severe anger was observed at the age of 14 whereas the majority of the children between 13 to 15 showed moderate or severe level of anger than any other age groups. The study suggested that in every age more than 90% of the school children are facing above normal levels of anger and tension.

**Garnes et al. (2008)** conducted experimental study to assess the effectiveness of deep breathing exercise on female adolescent anger behavior. This study sought to contribute to the identification of female adolescent anger behaviour. Research included both group and single case studies implementing treatments which typically include an anger management component and attendant deep breathing. The study was conducted among 6 students in higher secondary school and the intervention was a deep breathing exercise. The result of the study indicated, improvement on behavioural measures in 2 of the 6 participants.

Various forms of relaxation training have been used to mitigate the deleterious effects of anger. Deep breathing has been shown to effectively decrease anger levels in individuals who have difficulty relaxing in anger situations. Deep breathing can be defined as slow, diaphragmatic breathing that balances out the oxygen and carbon dioxide levels in the body.

Anger is more prevalent in adolescent .The researcher felt that a study will be helpful to reduce anger among adolescent by managing their emotions .There are only few studies conducted in this area .So the researcher selected this problem for research study which is intended to find the effectiveness of deep breathing exercise to reduce anger.

## **STATEMENT OF THE PROBLEM**

A study to assess the effectiveness of Deep breathing exercise on reduction of anger expression among adolescent girls in selected school at Vallioor.

## **OBJECTIVES**

- ✓ To assess the pretest and post test level of anger expression among adolescent girls.
- ✓ To evaluate the effectiveness of deep breathing exercise on reduction of anger expression among adolescent girls.
- ✓ To associate the pretest level of anger expression among adolescent girls with their selected demographic variables.

## **HYPOTHESES**

H<sub>1</sub> : There will be significant reduction in expression of anger after practicing deep breathing exercise among adolescent girls.

H<sub>2</sub> : There will be significant association between the pretest level of anger expression among adolescent girls with their selected demographic variables.

## **OPERATIONAL DEFINITION**

### **Deep Breathing Exercise**

It refers to taking a breath in slowly through nose, holding breath for the count of 1-5 and slowly steady breath out through the mouth.

### **Anger**

Anger is defined as an emotional response to situations that are perceived as threatening or offensive to one self or others and it is measured with Adolescent Anger Expression scale.

### **Adolescent girls**

Girls studying 9<sup>th</sup> standard in the selected school with mild and moderate level of anger.

## **Effectiveness**

It refers to the desired level of reduction in anger expression among adolescent girls after receiving deep breathing exercises.

## **ASSUMPTION**

- Most of the adolescent girls may feel and express the anger.
- Anger may differ from situation to situation.
- Deep breathing exercise may help adolescent girls to gain control over their anger.

## **DELIMITATION**

- Deep breathing practice intervention was delimited to 4 weeks.
- Anger expression assessment was delimited to self report and was not based on observation.

## **CONCEPTUAL FRAMEWORK**

The conceptual framework of this study is based on the **Modified Callista Roy's adaptation model (1984)**. Roy's model focuses on the concept of adaptation of man. Nursing has a unique goal to assist the person in his adaptation effort by managing the environment. The result is attainment of an optimum level of wellness by the person. According to Roy a system is a set of units so related or connected to form unity or whole and characterized by inputs, outputs, control process and feedback processes.

### **Input**

A stimulus is "the degree of change or stimulus most immediately confronting the person and the one to which the person must make an adaptive response, that is, the factor that precipitates behaviour.

In this study, 'input' refers to the selected demographic variables of anger expression adolescent girls such as age, religion, socioeconomic status, father occupation, siblings ,type of family, number of friends .Because of internal and external factor interaction ,most of the adolescent will have anger .Anger level was assessed by Adolescent anger expression scale.

### **Control process**

Roy had used the term coping mechanism to describe control process of the person as an adaptive system which are called the "Regulator "and Cognator.

A regulator subsystem is a coping mechanism which responds through complex perception and information processing through learning Judgement and emotion .The maladaptive pattern of anger alters both regulator and cognator subsystem can be noted as inadequate rest and sleep. The changes in cognator subsystem can be noted as reduced concentration, poor problem solving, maladaptive coping mechanism, decreased academic performance, decreased self esteem, and increased feeling of inadequacy and social integrity.

There is imbalance of regulator and cognator subsystem because of maladaptive response. It is balanced by giving deep breathing exercise.

### **Effectors**

Although regulator and cognator process are essential to the adaptive response of the person ,the process are not directly observable .The adaptive person modes are the physiological, self concept, role function and interdependence modes. By observing the person's behaviour in relation to the adaptive modes ,the nurse can identify adaptive or ineffective response in relation to health and illness.

### **Output**

Output is the identification of post test level of anger among adolescent by Adolescent anger expression scale.

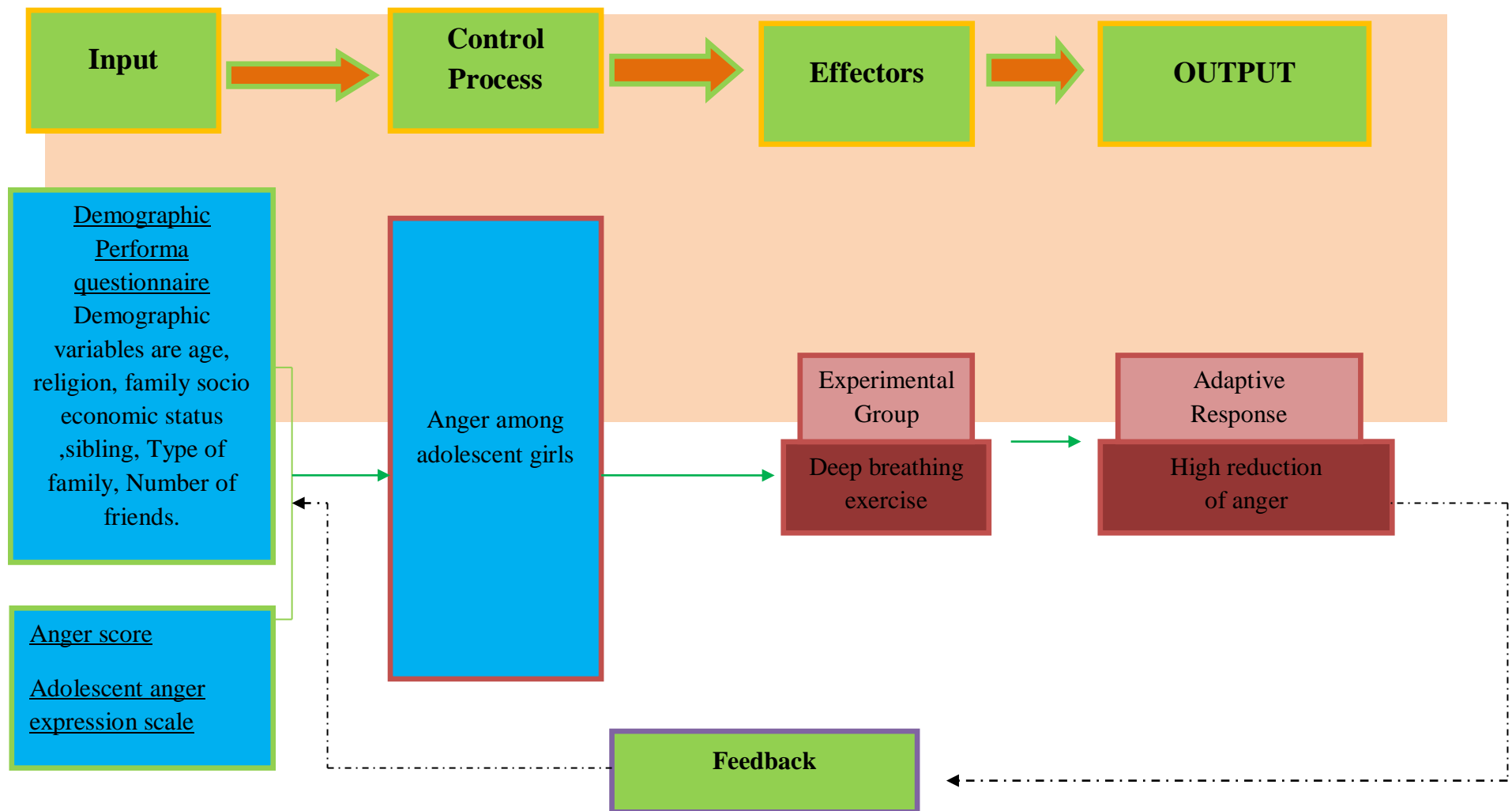


Fig 1: Modified Callista Rov's Adaptation Model (1984).

## **Summary**

This chapter consisted of background of the study, need for the study, statement of the problem, objectives, operational definitions, hypotheses, assumption, delimitation and conceptual framework.



## **CHAPTER - II**

### **REVIEW OF LITERATURE**

A literature review is a crucial early task for quantitative studies which helps to shape the research questions, contribute to the argument about the need for a new study, and suggest appropriate methods and points to a conceptual or theoretical framework (Polit, 2009).

The literature review has been organized under the following headings.

- Review related to prevalence level of anger among adolescent girls.
- Review related to effectiveness of various intervention on anger management.
- Review related to effectiveness of deep breathing exercise on anger management.

#### **SECTION –A: REVIEW RELATED TO PREVALENCE OF ANGER AMONG ADOLESCENT GIRLS**

**Connol et al. (2010)** conducted a study to investigate the variables that influenced the expression of anger among 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade adolescent in rural Pennsylvania. Result revealed that students (22.9%) with lower average grades were observed to report higher level of reactive anger ,instrumental anger , low anger control than those students (90%) indicating higher average grades ; 43.2%

of students who reported had a significantly less reactive anger ,instrumental anger and total anger along with significantly more anger control.

**Wolphe (2009)** conducted a study to assess the gender difference in predictors for suicidal ideation ,and the varying association between suicidal ideation and anger among adolescent .The target population for this cross sectional, correlational study was adolescent aged 13 to 15 years living in south Korea. A total of 250 adolescent include both sexes were completed the multidimensional anger inventory and suicidal anger inventory questionnaire .Data were analyzed by descriptive statistics ,multiple linear and regression analysis .Girls reported significantly high score in both anger and suicidal ideation ,while anger was a significant predictors of suicidal ideation in girls.

**Steinberg (2009)** conducted a study to assess the anger and aggression among Filipino students to describe the extent of anger and aggression in a sample of secondary school students in the southern Philippines. A total of 650students in both public and private school completed a self report survey of level of anger and aggression .Result indicated that their overall levels of aggression and anger were average Students in private schools had higher overall aggression and anger compared to students in public schools and self reported anger and aggression were significantly higher among older adolescents anger.

**Sakai et al.(2008)** conducted a meta –analytic study to identify predictors for anger in adolescents and to determine the magnitude of the relationship between each predictor and anger in Hong Kong .Twelve prominent predictors for

anger were identified in the 88 studies ,each predictors related to anger was subjected to a meta analysis .the result were five predictors (trait anger ,anxiety, depression, stress, and exposure to violence) had moderate to substantial average effect size ,four predictors victim of violence ,hostility ,self esteem and social gender) had low to moderate effect size and three predictors (age, race ,and gender) had trivial effect sizes and it was conducted that these finding are interpreted for nine predictors in relation to anger.

**Park YJ(2005)** conducted a longitudinal study to anger ,anger expression ,and suicidal ideation exhibited significant difference according to school level and gender .Data from 18,752 adolescent were collected using a self report questionnaire. The group with higher anger and anger expression showed a higher average suicidal ideation score than that of the group with lower anger and anger expression suggesting that school based programs which alleviates anger may be needed to decrease suicidal ideation among korean students.

**Musanle (2000)** Conducted a study to identify the relationship between anger coping(anger expression and anger suppression) and life style behaviour (Physical activity and consumption of caffine and alcohol). To investigate the relationship between anger coping styles and life style behaviour. A sample of 411 adolescents(198 males,213 females) aged 13-20 yrs completed Anger Expression scale and Brief self Report Questionnaire assessing physical activity, consumption of alcohol and caffine. Correlational and chi squire analyzed were used. The result suggest that excessive anger suppression or expression may be associated with an imprudent with an imprudent lifestyle relatively early in life.

**Jones and peacocks(2012)** conducted a study to investigate the variables that influenced the level of anger and the expression of anger by administering a questionnaire to 85 predominantly Caucasian adolescents. In this study 36 females and 49 males, 11 -16 years of age ,in urban south east united states were included. The result of the study revealed that causes of anger were limited to interpersonal interaction and that the majority of the subject indicated sibling caused most of the anger. Siblings mother and friends were identified by adolescent as individual with whom anger can be expressed easily. Discussion of feeling with another person ,exercise ,verbal expression, etc were identified as acceptable coping mechanism for anger Males reported increased use of physically aggressive response to anger, whereas females more frequently responded non violently by crying.

#### **SECTION-B: STUDIES RELATED TO EFFECTIVENESS VARIOUS INTERVENTION ON ANGER MANAGEMENT**

**Jeyasuda(2015)** conducted a study to investigate the effectiveness of anger management program among early adolescent conducted at Bharathiar Vidyalayam Higher secondary school, Thootukudi. The sample were adolescent between the age group of 12-14 years of both sexes .The adolescents were randomized into two group :the experimental and control group. The anger level of the children were assessed by using self reporting using State –Trait anger expression inventory before and after anger management program. Regarding the level of anger in experimental group, the mean score was reduced from 68.23 to 54.23 after the anger management program the paired‘t’ test value was significant at  $p<0.05$ ,which revealed reduction in anger level in control group at  $p>0.05$ .The

finding of the study revealed that there is a significant reduction in the level of anger among early adolescent after providing anger management program.

**Donna Sewell (2014)** conducted experimental study to determine the effects of physical and mental well being on regular physical activity like yoga, exercise linked to reduce the level of anger and stress. Sample size was 50 and duration was 10 days. Random sampling technique was adopted to select samples. The result showed that 15 minutes of physical activity had reduced anger and stress. The researcher concluded 60% of anger level was reduced. The results were more pronounced among children who exercised or well involved in yoga than in those who had an additional lesson.

**Epub et al.(2014)** conducted study to assess the effectiveness of positive group group psychotherapy on self esteem and state anger among adolescent at south Korean immigrate church . The aim of the current study was to describe participants experience and examine the effect of group therapy on self esteem and state anger among the adolescent girls. A quasi experimental design Qualitative and Quantitative method were used Group therapy was conducted for 8 weeks. Thirty three adolescents took part in the study Quantitative result changes that group therapy improved self esteem ( $t = 2.222$  , $p < .05$ ) but not state anger .Qualitative result suggests that group therapy helped improve the interpersonal relationships and communication skills , the forgiveness of others and the management of anger. Further more group therapy utilizes positive psychology strategies improved self esteem, Inter personal relationship and communication skills .

**Bernert and Jenkins (2013)** conducted a study to investigate the effect of including dogs in anger management therapy with five adolescents between the ages of 13 and 16 years. The children involved a dog named Tucker in all activities session by teaching him tricks and taking him for walks .When therapy was completed ,3 of the 5 adolescent were interview together .Sample size and limited interview compromised the rigour of the study. Such the authors indicated qualitative theme could be identified . Tucker appeared generate the calming effect in difficult moments and his presence provided humour in an otherwise serious situation ,as well they observed that tucker facilitated rapport building between the therapist and the children.

**Aghdas Safari (2010)** conducted a study to assess the effectiveness of teaching anger management skills (Communication, empathy, Assertiveness). In this study they used modeling to teach appropriate reaction to anger to teach appropriate reaction to anger of first year university female students of Roodehen Islamicazad University in Iran. The study was carried out on 60 students who were selected by multi stage randomized method .The students in experimental group attended 2 hour training session of anger management skills. One week after the intervention the post test was assessed. The data were analyzed using ANCOVA method. The Result of the study indicates that training in anger management skills will lead to decreased anger of female students.

**Alberto Amunito et al.(2009)** conducted a study to verify whether the application of a mindfulness –based training program was effective in modifying anger , anxiety, and depression level in group of women diagnosed with

fibromyalgia .The study is an experimental trial that employed a waiting list control group .Measures were taken at three different times :pretest ,posttest, and follow up. The statistical analyses revealed a significant reduction of anger levels, internal expression of anger, state anxiety and depression in the experimental group as compared to the control group ,as well as significant increase in internal control of anger. It can be concluded that the mindfulness based treatment was effective after 3 weeks .The results were maintained 3 months after the end of the intervention.

**Zahra Eftekhar Saadi et al. (2009)** conducted a study to evaluate the effect of thought field therapy on reducing anger and aggression among 60 second year high school female students of Ahwaz .This is an experimental study with pre-test-post test design control group design. The study was carried out on 60 students who were selected by multi-stage randomized sampling method and were divided in to two groups 30 each in experiment and study. Before carrying out the experimental intervention the two group were given the pre test using anger and aggression questionnaire .Then the samples of experimental group attended 10 session of 90 minutes thought field therapy . One week after the intervention, the two group were post test .The data were analyzed using MANCOVA method. Results of the study indicate that thought field therapy is effective to reducing anger and aggression. It also increases social adaptability of female students, compared with the control group.

## **SECTION – C : REVIEW RELATED TO EFFECTIVENESS DEEP BREATHING EXERCISE ON ANGER AMONG ADOLESCENT**

**George et al. (2013)** The present study explored the effect of slow-deep breathing exercise in reduction level of anger among adolescent students. The study was designed as pre test post test control group design. Stratified random sampling technique was used 100 adolescent students studying in a higher secondary school was recruited for the study. The selected participants were randomly assigned to experimental and control groups. Strait-trait anger expression inventory scale was administered to assess the level of anger. Slow-deep breathing exercise was taught and instructed the participants to practice 20 minutes every day for a period of 45 consecutive days. A post test was conducted to evaluate the effect of slow-deep breathing exercise after 45 days Regarding the level of anger in experimental group the mean score reduced from 74.23 to 59.11 after the deep breathing exercise. The paired 't' test score is 18.46 it is significant at  $p < 0.05$  level which revealed reduction in anger level in post test .The result revealed that there is significant effect of slow deep breathing exercise in reducing the level of anger.

**Salar Dousti (2013)** conducted a study aimed to investigate the effects of deep breathing exercise on reduction of anger expression .The sample population of the study included all junior male students of Sahney city ,Iran .Totally 196 students were selected by simple random sampling ,were administered the anger aggression questionnaire Out of which 45 students who had a high score of anger expression were selected . The experimental group received deep breathing for 1



month. The results revealed that deep breathing decreased the student anger level. The results showed that anger expression mean pretest score (53.67) and post test score (35.33). the paired 't' test score is 16.29 result revealed that deep breathing exercise reduced the anger level.

**Zeynep Karathas (2009)** conducted a study to investigate whether Relaxation Technique and Role play decrease adolescent anger and aggression. In this study Quasi experimental pre test and post test design with two experimental pre test and post test design with two experimental and one control group was used. The adolescent anger rating scale and aggression scale was administered as a pre test to 9<sup>th</sup> grade of students of vocational High School in Adane. After the administration and assessment of the scale, 36 students who had the highest anger and aggression levels were selected and were randomly divided into three groups. Relaxation technique was applied to the experimental group in 10 sessions. Role play techniques were applied to second experimental group in 14 sessions. No application has been done to control group. Findings were analyzed with ANCOVA. It was found that Relaxation technique approach was more effective than psychodrama in decreasing total aggression, physical aggression and anger.

**Glaney et al, (2003)** conducted a study to assess the effectiveness of deep breathing exercise on anger adolescents. The samples were randomly divided and assigned to an experimental and control group. Pre test and post test measures were acquired in anger adolescents. The study was conducted for 1 month. Results show that deep breathing exercise led to significant reduction of all sources of

driving anger and showed significant anger reduction on measures of general anger ,tendencies to both suppress and express anger outwardly

**Gnberg et al.(2001)** developed the PATHS universal past intervention which teaches children three steps for calming down, stop, take a deep breath and identify a problem and your feeling .Parent and teacher components are also included to enhance the child participants

Tafrate(1995) conducted the second meta analytic to review efficacy for individuals with anger problem by identifying 17 published studies. In this meta analysis treatment approaches namely therapies ,relaxation based treatment ,skills training and multi component therapies were utilized. By reviewing the effect sizes by treatment type, it was reported that relaxation based treatment has the largest (effect size  $\frac{1}{4}$  1:6), multi component therapies (Effect size  $\frac{1}{4}$  1.00),cognitive therapies (effect size  $\frac{1}{4}$  0.93) ,and skill training (Effect size  $\frac{1}{4}$  0.82) .The result revealed relaxation based treatment that would be effective treatment for clients who need to change the way of express in the anger .

**Power et al.(1995)** conducted a study to determine the effectiveness of deep breathing, muscle exercise on reduction of anger and aggression of high school students . The 90 samples were selected by simple random sampling and administered Novaco Anger Scale .The experimental group got intervention for twice a day for 6 weeks. The result of the analysis showed that relaxation technique are effectiveness.

## **CHAPTER - III**

### **RESEARCH METHODOLOGY**

This chapter deals with the methodology adopted by the researcher for the study and includes research approach, research design, variables, the settings of the study, population, sample, sampling technique, sample size, development and description of the tool, validity, reliability, pilot study, intervention, data collection procedure, plan for data analysis and protection of human rights

#### **Research approach**

Quantitative experimental research approach was used in this study

#### **Study design**

Study design selected was Quasi experimental

**One group pretest ,post test design.**

GROUP	PRETEST	INTERVENTION	POST TEST
EXPERIMENTAL GROUP	O <sub>1</sub>	X	O <sub>2</sub>

$O_1$  = pre test assessment of anger expression among adolescent girls

$X$  = practicing deep breathing exercise

$O_2$  = post test assessment of anger control

## **VARIABLE**

Dependent Variable- Level of Anger Expression

Independent Variable- Deep breathing exercise

## **Setting of the study**

The sample subjects were selected from St Aloysius Higher Secondary School, T.Kallikulam which is 5 km away from Nehru Nursing College, Vallioor. The school has middle and higher secondary classes with Tamil as the medium of instruction with more than 500 students enrolled.

## **Target population**

The entire population in which the researcher was interested and to which they would like to generalize the research findings.

In this study, the target population comprised of adolescent girls with anger expression.

### **Accessible population**

The accessible population was ninth standard adolescent girls with anger in St. Aloysius Higher Secondary School, T.Kallikulam.

### **Sample**

The sample subjects consisted of adolescent girls who fully filled the inclusion criteria.

### **Sampling technique**

In this study convenient sampling technique was adopted in which adolescent girl students who express anger more often, were included.

### **Sample size**

A sample of 30 adolescent girl students were included.

### **Criteria for sample selection**

#### **Inclusion criteria**

- Adolescent girls who were having mild and moderate level of anger.
- Those who are willing to participate in the study.

- Those who were between the age group of 13 -15years studying in 9<sup>th</sup>std.

### **Exclusion criteria**

- Adolescent girls who had major illness.
- Adolescent girls who were having physical disabilities.
- Adolescent girls who had severe level of anger

### **SAMPLING PROCEDURE**

In Ninth standard among the 4 sections there were a total of 75 girl students who were screened for Anger using Adolescent Anger Expression Scale. Out of the 75 girls, 30 female students belonged to Irritation level and 45 female students belonged to mild and moderate level of anger. For the study samples 30 students were selected by convenient sampling method.

### **DATA COLLECTION TOOL**

#### **Section-A: Demographic Variable**

It deals with demographic variable such as age, religion, Family socioeconomic status, Father occupation, siblings, type of family, number of friends

#### **Section-B : Adolescent Anger Expression scale**

It consists of Adolescent Anger Expression scale to assess the level of anger which contain 20 item . It was 4 point scale and each item or situation had four levels of anger expression.

## SCORING KEY

SCORE	INTERPRETATION
1-20	Irritation
21-40	Mild anger
41 -60	Moderate anger
61 -80	Severe anger

### **Validity**

The content validity of the tools was established on the opinion of one expert in the field of Psychiatrist and five psychiatric nursing experts. The tool was modified as per the consensus of all the experts and the tool was finalized.

### **Reliability**

Reliability of the tool was tested by the investigator. The Reliability tool was determined by test- retest method. The Reliability



value was  $r = 0.9$ . Hence the tool was determined highly reliable for the study.

## **PILOT STUDY**

The pilot study was a trial run for the major study. The tool was used for the pilot study to test the feasibility and practicability. The pilot study was conducted in Government Higher Secondary School, Vallioor. A formal permission was obtained from the Head mistress Government Higher Secondary School, Vallioor. The period limited for pilot study was one week.

The researcher introduced herself to the subjects and established rapport with the subjects. Researcher assessed level of anger by using Adolescent Anger Expression scale. 5 samples were selected for the pilot study by using convenient sampling technique. Data pertaining to demographic data were collected by structured self administered questionnaire. The intervention of deep breathing exercise was taught to sample subjects who practiced the intervention with supervision of the investigator. After 5 days, post test level of sample were assessed with Adolescent Anger expression scale.

## **Procedure for data collection**

Prior permission was obtained from the school Head master of St Aloysius Higher secondary school. The anger level was assessed by using adolescent anger expression scale. The samples who had mild and moderate level of anger were selected for the study. Explained the purpose of the study and procedure to the subjects and consent was obtained. Deep breathing exercise intervention had been

demonstrated to all sample subjects for 20 minutes from 11-11:30am. Followed by the researcher demonstration, sample subjects practiced deep breathing exercise daily for 4 weeks with the investigators supervision.

### **Intervention (Teaching deep breathing exercise)**

- Sit up straight ,Do not arch your back
- Put one hand on your abdomen
- Slowly breath in and breath out 2 times
- Gently breath in (1to5) and feel that abdomen raise slowly with your hand
- Breath out (1to5) slowly and completely feeling your abdomen sink
- Pause for a movement and then repeat the cycle of breathing

### **Plan for Data analysis**

Both descriptive and inferential statistics were used.

#### **Descriptive Statistics**

- The frequency and percentage distribution of demographic variables
- Mean and standard deviation was used to assess the level of anger.

#### **Inferential Statistics**

- Paired 't' - test was used to compare the pre and post test level of anger expression among adolescent girls

- Chi-square was used to associate the pre test level of anger expression among adolescent girls with their selected demographic variables

### **Protection of Human Rights**

The proposed study was conducted after the approval of the research committee of college. Permission was obtained from the school. The written consent of each individual was obtained before data collection. Assurance was given to the study participants regarding the confidentiality of the data collected.

## **CHAPTER -IV**

### **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with analysis and interpretation of the data collected from 30 adolescent girls in selected school related to effectiveness of Deep breathing exercise in reducing anger.

Polit and Hunger (1999) state that statistical analysis is a method of rendering quantitative information in a meaningful and intelligible manner. Statistical procedure enables the researcher to organize, analyze, evaluate, interpret and communicate numerical information meaningful. The results were computed by using descriptive and inferential statistics.

**Section A :** Frequency and percentage distribution of demographic variables of adolescent girls.

**Section B:** Pre- test and Post –test level of anger expression among adolescent girls and effectiveness of deep breathing exercise on reduction of anger expression.

**Section C:** Association between the pretest level of anger expression among adolescent girls with their selected demographic variables.

## SECTION - A

**Table -1: Frequency and percentage distribution of demographic variables of adolescent girls**

n=30

S. No	Demographic Variables	Frequency (f)	Percentage (%)
1	Age		
	a)13 yrs	6	20.00
	b)14 yrs	21	70.00
	c)15yrs	3	10.00
2	Religion		
	a)Hindu	16	53.33
	b)Christian	14	46.67
	c)Muslim	0	0.00
3	Socio economic status		
	a)Upper	0	0
	b)Middle	20	66.67
	c)Low	10	33.33

4	Father occupation		
	a)Self employee	5	16.67
	b)Government employee	0	0.00
	c)Private employee	7	23.33
	d)Daily wages	18	60.00
5	Sibblings		
	a)One	8	26.67
	b)Two	10	33.33
	c)More than two	12	40.00
6	Type of family		
	a)Nuclear	20	66.67
	b)Joint	10	33.33
7	No of friends		
	a)One	2	6.67
	b)Two	12	40
	c)More than two	16	53.33

Data from Table 1 has indicated that that majority of the sample subject 21 (70.00%) were in the age group of 14 yrs.

- Regarding Religion 16(53.33%) samples were Hindu and 14 (46.67%) samples were Christian.
- Regarding socio economic status 20 (66.67%) belonged to middle class and 10(33.3%) belonged to lower economic class.
- In Regarding to father occupation 18(60.00%) were earning daily wages.
- Regarding siblings 12(40.00%) had more than two, 10(33.33%) had two, 8(26.67%) had one.
- Regarding type of family 20 (66.67%) sample belonged to nuclear family and 10 (33.33%) sample belonged to joint family.
- Regarding Number of friends 16(53.33%) sample had more than two friends, 12 (40%) had two friends.

## SECTION - B

**Table- 2: PRE TEST AND POST TEST LEVEL OF ANGER EXPRESSION  
AMONG ADOLESCENT GIRLS**

n=30

S .NO	LEVEL OF ANGER	Pre test		Post test	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1	Irritation	0	0.00	10	33.33
2	Mild Anger	14	46.67	14	46.67
3	Moderate Anger	16	53.33	6	20.00
4	Severe Anger	0	0.00	0	0.00

Table 2 shows that in pretest majority of the sample that is 16(53.33%) had moderate level of anger, 14(46.67%) had mild level of anger.



During the post test 10 (33.33%) samples belong to irritation level, 14(46.67%) had mild level of anger, 6 (20.00%) had moderate level of anger, and no one had severe level of anger.

In the post test , out of 14 girls who had mild level of anger during pretest,10 girls anger level had decreased to irritation level and 4 girls anger level remained at mild level of anger with a reduction anger score.

In the post test out of 16 girls who had moderate level during pre test ,10 girls anger level was decreased to mild level and 6 girls anger level had remained at moderate level of anger but had reduction of anger score.

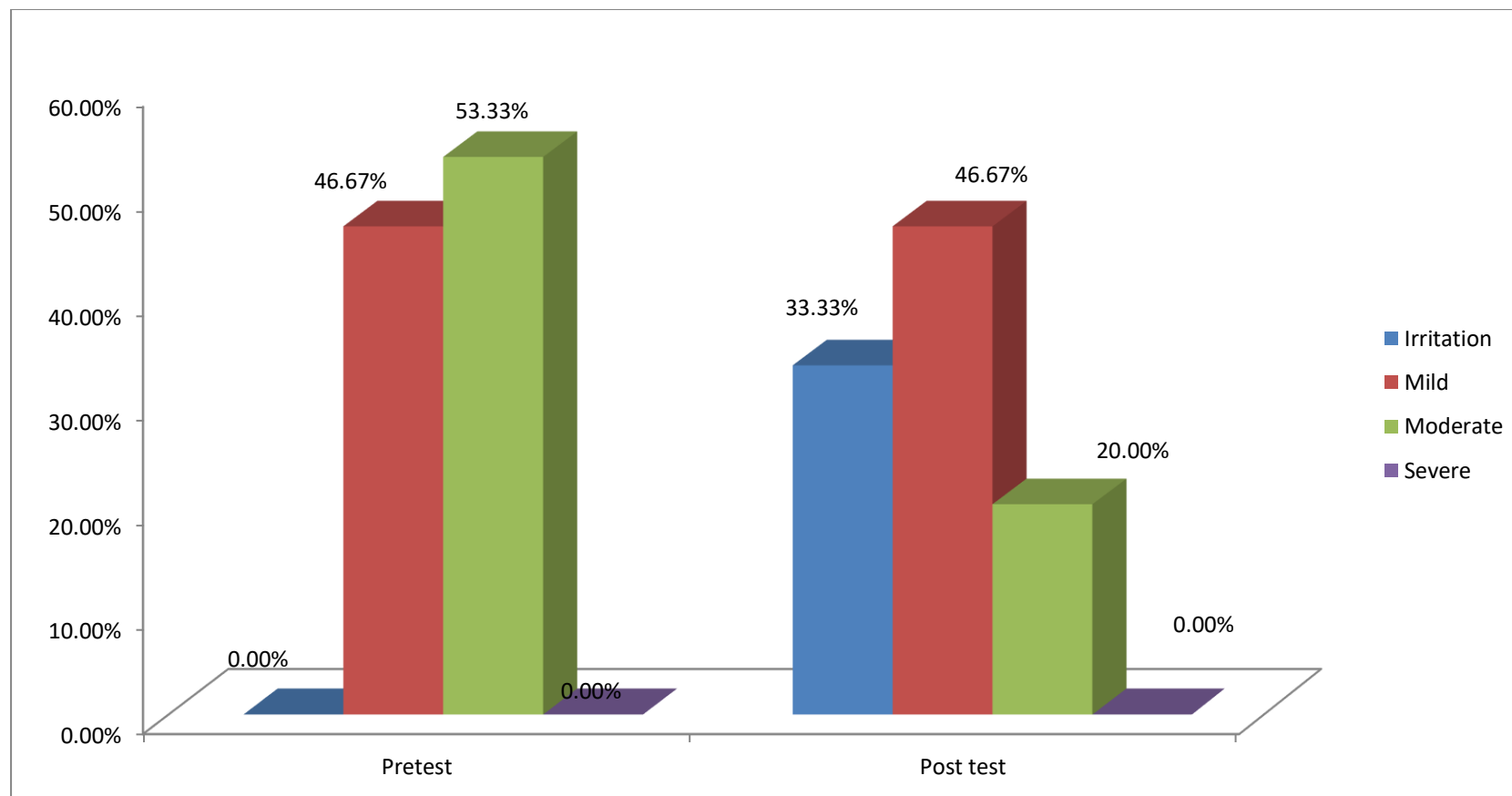


Fig. 2. Pre test and post test level of anger expression among adolescent girls

**Table 3: Effectiveness of deep breathing exercise on reduction of Anger expression**

n=30

S .No	Anger level assessment	Mean	S D	Paired t-value	Table value
1	Pretest	46.97	7.87	14.82*	29df 2.042
2	Post test	26.67	7.78		

\*Significance at 0.05 level

The table 3 has indicated that the pretest mean score was 46.97, and the post test mean score was 26.67. The obtained t value, 14.82 was significant at 0.05 level. It was inferred that deep breathing exercise was effective in reducing anger expression among adolescent girls.

Hence the Hypothesis of there will be significant reduction in expression of anger after practicing deep breathing exercise among adolescent girls was accepted.

## SECTION - C

Table-4: Association between the pretest level of anger expression among adolescent girls with their selected demographic variables.

n=30

S.No	Variables	Level of symptoms		X <sup>2</sup>	Table value 0.05 level of significance
		Mild	Moderate		
1	Age				
	a)13yrs	4	2		
	b)14yrs	10	11	3.60	2df
	c)15yrs	0	3	NS	5.99
2	Religion				
	a)Hindu	6	10		
	b)Christian	8	6	1.16	1df
	c)Muslim	0	0	NS	3.84
3.	Socio economic status				
	a) Upper	0	0	1.07	1df
	b) Middle	8	12	NS	3.84
	c) low	6	4		

4	Father occupation				
	a)Self employee	2	3		
	b)Government employee	0	0	0.24	2df
	c)Private employee	3	4	<b>NS</b>	5.99
	d)Daily wages	9	9		
5	Sibblings				
	a)One	3	5		
	b)Two	4	6	1.15	2df
	c)Above two	7	5	<b>NS</b>	5.99
6	Type of family				
	a)Nuclear	8	12	1.07	1df
	b)Joint	6	4	<b>NS</b>	3.84
7	Number of friends				
	a)one	0	2		
	b)Two	5	7	2.49	2df
	c)More than two	9	7	<b>NS</b>	5.99

NS: Not significant

There was no significant association between the pre test level of anger of adolescent girls and their selected demographic variable like age, Religion, Socio economic status ,Father occupation, Sibblings, Type of family and number of friends.

## **CHAPTER - V**

### **DISCUSSION**

The purpose of the study was to evaluate the effectiveness of Deep breathing exercise in terms of reduction of anger expression among adolescent girls. The discussion chapter was based on the objectives specified in this study.

#### **OBJECTIVES**

- ✓ To assess the pretest and post test level of anger expression among adolescent girls
- ✓ To evaluate the effectiveness of deep breathing exercise on reduction of anger expression among adolescent girls
- ✓ To associate the pretest level of anger expression among adolescent girls with their selected demographic variables.

#### **Description of demographic variable**

Objective1: To assess the pretest and post test level of anger expression among adolescent girls.

The level of anger before the intervention among adolescent girls was that majority of the sample that is 16(53.33%) had moderate level of anger, 14(46.67%) had mild level of anger and no one had severe level.

**Connol et al. (2010)** conducted a study to investigate the variables that influenced the expression of anger among 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade adolescent in rural Pennsylvania. Result revealed that students (22.9%) with lower average grades were observed to report higher level of reactive anger, instrumental anger and low anger control than those students (90%) indicating higher average grades; 43.2% of students who reported significantly less reactive anger, instrumental anger and total anger along with significantly more anger control.

Following the intervention In the post test 10 (33.33%) had irritation level of anger, 14(46.67%) had mild level of anger, 6 (20.00%) had moderate level of anger, and no one had severe level of anger.

In the post test, out of 14 girls had mild level of anger during pretest, 10 girls anger level had decreased to irritation and 4 girls anger level remained at mild level of anger with a reduction anger score.

In the post test, out of 16 girls who had moderate level of anger during pre test, 10 girls anger level was decreased to mild level and 6 girls anger level had remained at moderate level of anger but has reduction of anger score.

**OBJECTIVE 2 :** To evaluate the effectiveness of Deep breathing exercise on reduction of anger expression among adolescent girls.

In pre test the anger score was increased. During the pre test the majority of the sample subjects 16(53.33%) had moderate level of anger, 14 (46.67%) had mild level of anger. The Pre test mean value was 46.67 and standard deviation score was 7.87.

The post test mean score was conducted after giving intervention of deep breathing exercise. The duration of intervention was one month .In post test the scores were 10(33.33%) had irritation, 14(46.67%) had mild level anger ,6(20.00%). The post test mean score was 26.67 standard deviation score was 7.78 .The obtained t value,14.82 was significant at 0.05 level ( $p<0.05$ ). It was interfered that deep breathing exercise was effective in reducing anger expression among adolescent girls.

**George et al.(2013)**The mean score of anger reduced from 74.23 to 59.11 after the deep breathing exercise. The paired't' test score is 18.46 .It is significant at  $p<0.05$  which revealed reduction in anger level in post test .The result revealed that there is significant effect of slow deep breathing exercise in reducing the level of anger.

**Salar Dousti, (2013)**The result showed that anger expression mean pretest score (53.67) and post test score (35.33).the paired't' test score is 16.29 result revealed that deep breathing exercise reduced anger expression level.

**OBJECTIVE 3:**To associate the pretest level anger expression among adolescent with their selected demographic variables.

There was no significant association between the pre test level of anger girls and their selected demographic variable like age, Religion, Socio economic status ,Father occupation, Sibblings, Type of family and number of friends.



## **CHAPTER –VI**

### **SUMMARY, FINDINGS,IMPLICATION AND RECOMMENDATION**

This chapter deals with the summary of study ,major study findings, the implications for nursing practice, the implications for nursing education, nursing research, and nursing administration and the recommendations for future research

#### **Summary of the study**

The study was undertaken to evaluate effectiveness of Deep breathing exercise in terms of reduction of anger expression among adolescent girls in St Aloysius higher secondary school at Vallioor. The study was experimental in nature. . Pre-test anger score was assessed by using Adolescent anger expression scale. Study was conducted for a period of four weeks at st Aloysius Higher secondary school Vallioor. 30 samples who belongs to mild and moderate level of anger were selected by using Convenient sampling technique .Deep breathing exercise intervention had been demonstrated to all sample subjects. Followed by the researcher demonstration, sample subjects practiced deep breathing exercise daily for 20 minutes for four week. Post-test assessment was done following 4 week of intervention using Adolescent anger expression scale.

Study was based on Modified Roy adaptation model . It provides comprehensive systematic framework for evaluating the effectiveness of Deep

breathing exercise in terms of reduction of anger expression among Adolescent girls. Descriptive and inferential statistics were used to report the findings.

### **Demographic data finding.**

The majority of the sample subjects 21 (70.00%) were in the age group of 14 yrs. Based on the Religion 16(53.33%) samples were Hindu and 14 (46.67%) samples were Christian. Based on the socio economic status 20(66.67%) sample were middle class and 10(33.3%) belonged to lower economic. Based on the father occupation 18(60.00%) were earning daily wages. Based on the siblings 12(40.00%) had more than two, 8(26.67%) had one . Based on the type of family 20 (66.67%) samples were nuclear family and 10 (33.33%) samples were joint family Based on the Number of friends 16(53.33%) sample had more than two,12(40%) had two friends

### **Major findings of the study**

Major findings during pre test anger expression score , the majority of the sample subjects 16(53.33%) had moderate level of anger,14 (46.67%) had mild level of anger. In post test 10(33.33%) had irritation, 14(46.67%) had mild level of anger ,6(20.00%) had moderate level of anger.

The study findings shows that the pretest mean score was 46.97,standard deviation score was 7.87 and post test mean score was 26.67,standard deviation was 7.78.The obtained t value 14.82 was significant at 0.05 level ( $p < 0.05$ ) .It is

understood that there was significant reduction of anger expression among adolescent girls after the exposure of deep breathing exercise

There was no association between the pre test level of anger expression of adolescent girls and their selected demographic variables such as age ,Religion, Socio economic status ,father occupation ,siblings, Type of family and number of friends.

### **FEEDBACK FROM STUDY SAMPLES**

The study samples were happy to do deep breathing exercise. The girls said that after practicing deep breathing exercise they are able to control their anger and they said that they can do deep breathing exercise and control their anger while fighting with friends and family members but in bus stand and in front of teacher they were not able to practice deep breathing . The students said after practicing deep breathing they feel better and they can control anger in anger provoking situation and also breathing exercise helps to overcome from stress.

### **Conclusion**

Present youth generations anger level is increasing and they are likely to indulge in violence and it is necessary provide relaxation technique to reduce anger. Therefore the investigator felt that deep breathing exercise should be taught to decrease the anger expression among adolescents. The finding of the study indicated that the Deep breathing exercise was simple, cost effective intervention.

## **Nursing Implications**

The implication of the present study has been discussed under the headings as nursing administration, nursing education and nursing research.

### **Nursing Administration**

The nurse administrator shall take initiative in organizing continuing nursing education programme on relaxation technique ‘deep breathing exercise,’ for anger reduction and formulate policies, protocols in anger management among adolescent girls.

As it was identified from the study findings that Deep breathing exercise was effective in reducing anger, all institutions and clinics can encourage the importance of using Deep breathing exercise to reduces anger.

### **Nursing Education**

- The nursing educator need to have adequate knowledge regarding complementary and alternative therapy that will reduce the anger.
- Nursing students can receive adequate practice in Deep breathing exercise to motivate them to do in clinical practice.
- Conduct workshop and conference for students regarding how to control anger.

## **Nursing Research**

- The finding of present study help to explained the study in different field.
- The research can be done various intervention like cognitive behaviour therapy, group psychotherapy ,mindfulness based training

## **Limitation**

The limitation of the study was that convenient sampling technique was used and the sample size was 30. Hence the study findings cannot be generalized to the population.

## **Recommendations**

- The study can be replicated with large sample size
- The same study can be done to determine the effect of various other intervention for control of anger.
- The comparative study can be conducted between male and female adolescent.
- Correlational design study may be conducted to determine the effect of situation and the development of anger response among youth.

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## APPENDICE – A

Letter seeking expert's opinion for content validity

From

Ms. Priyanka.K  
II year M.Sc.,[N],  
Nehru Nursing College,  
Vallioor.

Through

The Principal,  
Nehru Nursing College,  
Vallioor.

To

Respected Madam/Sir,

Sub: Requesting opinion and suggestion for establishing Content validity of  
Research tool

I would like to bring to your kind consideration that as a part of my M.Sc., [N] II year curriculum, I have selected the below mentioned topic for dissertation to be submitted to the Tamil Nadu Dr.MGR Medical University, Chennai as a partial fulfilment of the degree of Master Science in Nursing. My Research topic is “A study to assess the effectiveness of Deep Breathing Exercise on reduction of anger expression among adolescent girls in selected school at vallioor”. with a view to provide an information guide sheet.

With regard I kindly request you to validate my tool for its appropriateness and relevancy. I am enclosing introduction, need for the study, statement of the problem, objectives, demographic variables, Adolescent anger expression scale. I would be highly obliged and remain thankful for great help if you validate and suggest your opinion.

Thanking you.

Place:

Yours Sincerely,

Date:

Priyanka.K.

## **APPENDICE– B**

### **List of experts to validate the tool**

Dr. C. Paneerselvan, M.B.B.S, M.D,  
Psychiatrist,  
Sneka Mind Care Centre,  
Thirunelveli

Mrs Subhala ,M.Sc(N)  
Principal,  
Dr.Kumaraswami college of Nursing,  
Kanyakumari.

Mrs. Mary jeya M.Sc (N),  
Vice principal,  
Dr. Kumaraswami Health centre ,  
Kanya kumari.

Mr.C.SelginLeons, M.Sc N,  
Lecturer,  
Sri.K.Ramachandra Naidu College of Nursng  
Tirunelveli.

Mrs.Carolin j .k.M.Sc(N),  
Assistant Professor,  
Catherine Booth college of Nursing  
Nagercoil.

Mr.Vinifred M.Sc,(N)  
Reader,  
Annamal college of Nursing,  
Kanyakumari.

## APPENDICE-C



### NEHRU NURSING COLLEGE

G.O.(MS) NO. 486 HEALTH DATED ON 27.8.98

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY PROC. NO.:18677/AFFLN.II(1)/99 Dated on 28.9.2000  
APPROVED BY TAMIL NADU NURSES AND MIDWIVES COUNCIL AND INDIAN NURSING COUNCIL

NEHRU NAGAR, POST BOX NO. 3,  
TIRUCHENDUR ROAD, VALLIOOR - 627 117.  
TIRUNELVELI DIST, TAMILNADU.

Email : nehrunursingcollege@gmail.com  
Tel : 04637 - 221460, 222126  
Teli Fax : 04637 - 221460

Your Ref :

30/01/2016

Date : .....

Our Ref : NNC/Thesis/003

To

The Principal,  
Aloysius Higher Secondary School  
Kallikulam

Respected Sir,

Sub: Requisition for conducting the research study Priyanka.K M.Sc (N)  
II<sup>nd</sup> year student.

As a part of the curriculum requirement under the Tamilnadu Dr. M.G.R. Medical University, our M.Sc (N) II year student Priyanka.K would like to conduct a research during her course of study. She has selected the following topic for research.

"A STUDY TO ASSESS THE EFFECTIVENESS OF DEEP BREATHING EXERCISE ON REDUCTION OF ANGER EXPRESSION AMONG ADOLESCENT GIRLS IN SELECTED SCHOOL AT VALLIOOR".

As we would like to conduct the research in Aloysius Higher Secondary School, T.kallikulam, among the 9<sup>th</sup> standard students, we kindly request you to grant her permission to conduct the study in your esteemed school. I assure that she will abide by the policies of the school and not cause any disturbance to the routine work. Kindly consider and grant permission for the above mentioned study period from 01//2/2016 - 28/02/2016.

Thanking you.

*S. Maria* 28/2/16

S.MARIA SILUVAI  
Headmaster  
St.Aloysius Hr.Sec.School  
T.Kallikulam

Yours faithfully,

NEHRU NURSING COLLEGE  
*[Signature]*  
Principal

## **APPENDICE-D**

### **SECTION :A : DEMOGRAPHIC VARIABLE**

#### **1. Age**

a)13 yrs

b)14yrs

c)15 yrs

#### **2.Religion**

a)Hindu

b) Christian

c) muslim

#### **3.Socio economic status**

a) upper

b) middle

c) lower

#### **4. Father occupation**

a)Self employee

b)Government employee

c)Private employee

d)Daily wages

5. Sibling

- a) one
- b) two
- c) above two

6. Type of family

- a) Nuclear family
- b) extended family
- c) joint family

7. No of friends

- a) one
- b) two
- c) above two

## ADOLESCENT ANGER EXPRESSION SCALE

S.NO	ITEMS	Irritation 1	Mild anger 2	Angry and upset 3	Great anger with shouting and hitting 4
1	You are in conflict with someone either in school or home				
2	You are talking to someone and they show no response				
3	Someone is making fun of you				
4	You are trying to concentrate but a person near you is speaking louder				
5	Someone does a wrong act and blames you for that mistake				
6	Your friend return your book late by many days				
7	Someone engages you in Meaningless argument				



8	When I am forced to do a work which is beyond my capacity				
9	Parents do not allow me time for entertainment				
10	Repeated minor correction are given for my school work				
11	You were already late and bus moves without stopping in bus stop				
12	My parents compare me with peer group in studies or school activities				
13	When my brother /sister damage my favourite items or my books				
14	When teachers scold me in front of other students				
15	When some body is prejudiced and disregards me				

16	I studied well wrote the exam very well got only low marks				
17	My parents are over protective do not allow me to pursue my play ,music or dance				
18	When my parents blame me for no fault of my own				
19	When my parents make me Wait for many months, to fulfill my genuine needs				
20	When others impose their views and thoughts on myself, disregarding my own views				

## **KEY**

1-Irritation

2-Mild Anger

3-Angry and upset

4-Great anger with shouting and hitting

## **SCORE**

1-20 Irritation

21-40 Mild anger

41-60 Moderate anger

61-80 Severe anger

1. taJ  
  
m) 13 taJ  
  
M) 14 taJ  
  
,) 15 taJ
2. kjk;  
  
m) Ape;J  
  
M) fpwp!;jth;  
  
,) ,!;yhk;
3. FLk;g tuk;g[ epiy  
  
m) cah;ufk;  
  
M) eLj;ju th;f;fk;  
  
,) kpft[k; gpd; j';fpath;
4. ngw;nwhhpd; gzp  
  
m) Rakhf bjhHpy bra;gth;;  
  
M) murh';;f CHpah;  
  
,)jdpahh; epWtd CHpah;  
  
<) jpdrhp Typ gzpahsh;

5. cld;gpwg;g[fs;

m) xd;W

M) ,uz;L

,) ,uz;Lf;F nky;

6. ve;j tifahd FLk;gk;

m) jdpFLk;gk;

M) ePl;of;fg;gl;l FLk;gk;

,) Tl;Lf;FLk;gk;

7. ez;gh;fspd; vz;zpf;if

m) xd;W

M) ,uz;L

,) ,uz;Lf;F nky;

fPH;bfhLf;fg;gl;Ls;s NH;epiyapy; c';fs; epiy  
vt;thW ,Uf;Fk; vdf; Fwpg;gpLf.

vz;	Fwpg;g[fs;	1	2	3	4
1.	eP';fs; ahhplkhtJ gs;spf; Tlj;jpnyh my;yJ tPl;onyh rz;il nghLk; nghJ				
2.	eP';fs; xUthplk; ngRk;nghJ mth;fs; c';fis fz;Lbfhs;shky; ,Ue;jhy;				
3.	ahuhtJ c';fis nfypbra;a[k; nghJ				
4.	eP';fs; VjhtJ xU braypy; kdiJ xU Kfg;gLj;j epidf;Fk; nghJ c';fsJ mUfhikapy; ,Uf;Fk; xUth; rj;jkhf ngrpdhy;				
5.	gpwh; jtWbra;tjw;F c';fisf; FiwTWk;nghJ				
6.	eP';fs; c';fs; rpnefpjpf;F g[j;jfj;ij bfhLf;Fk; nghJ mth;fs; me;j g[j;jfj;ij jpUk;gj;jutpy;iybadpy;.				
7.	eP';fs; c';fs; njhHpa[k; ngRk; nghJ gpwh; ,ilapy; ngrpdhy;				
8.	c';fSila jFjpf;F nkw;gl;l ntiyia c';fsplk; bfhLf;Fk;nghJ				
9.	c';fSila bgw;nwhh; ve;jtpj bghGJnghf;FfspYk; c';fis fye;J bfhs;s mDkjpf;fhtpoy;				
10.	c';fSila Mrphpah; mof;fo ghlj;jpy; gpiHjpUj;jk; je;jhy;				

11.	eP';fs; Vw;fdnt fhyjhkjkfhf ngUe;J epWj;jj;jpw;F bry;Yk; nghJ ngUe;J epw;fhky; brd;why;				
12.	bgw;nwhh; c';fis gog;gpy; rfkhzth;fSld; xg;gpl;Lf; TWk;nghJ				
13.	c';fSila rnfjhuh;/ rnfjhjhpfs; c';fSf;F tpUg;gkhd bghUl;fis cilm;Fk;nghJ				
14.	c';fSila Mrphpah; mLj;j khzth;fspd; Kd;dhy; c';fisf; fz;of;Fk;nghJ				
15.	gpwh; c';fis jtwhf vz;Qk; nghJ				
16.	eP';fs; ed;whf goj;J ghpl;ir vGjp Fiwthd kjpg;bgz;fs; bgw;wpUe;jhy;				
17.	bgw;nwhh; c';fis mst[f;F kPwpa ghJfhg;gpy; itj;J c';fSila tpisahl;L kw;Wk; fiy Mh;tj;ij jil bra;a[k;nghJ				
18.	eP';fs; jtW bra;ahjbghGJ c';fSila bgw;nwhh; c';fis Fiw Twpdhy;				
19.	c';fSila mtrpa njitfis bgw;nwhh; fhyjhkjkfhf epiwntw;Wk;nghJ.				
20.	gpwh; c';fs; fUj;Jf;fis g[wf;fzpj;J mth;fs; fUj;Jf;fis c';fsplk; Twpdhy;				

Key

1. vhpr;ry;

2. kpff;Fiwthd nfhgk;
3. nfhgk; kw;Wk; kdKiljy;
4. mjpfkhd nfhgj;Jld; fj;Jjy; kw;Wk; moj;jy;